

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

[lincoln.ne.gov](http://lincoln.ne.gov)



August 27, 2007

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Meier's Cork N Bottle, 1244 South Street. Meier's Corn N Bottle holder of liquor license DK-20955 requests this liquor license be upgraded to a class C/K liquor license.

Stockholder information has been included for your review.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

# RECEIVED

AUG 23 2007

NEBRASKA LIQUOR  
CONTROL COMMISSION

## CHECK CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEE CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | BEER, ON SALE ONLY                            | \$45.00 |
| <input type="checkbox"/>            | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input checked="" type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/>            | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/>            | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

### MISCELLANEOUS

- |                          |   |                          |                        |                       |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | O | Boat                     | \$ 95.00               |                       |
| <input type="checkbox"/> | V | Manufacturer             | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer           | \$545.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | X | Wholesale Liquor         | \$795.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | Y | Farm Winery              | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | Z | Micro Distillery         | \$295.00               | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☒ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☐ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSOCIATED WITH APPLICATION

Commission will call this person within 10 business days of receipt of application

Name KENNETH C. MEIER Phone number: 402-476-1518

Firm Name \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) MEIER'S CORK 'N BOTTLE

Street Address #1 1244 SOUTH ST

Street Address #2 \_\_\_\_\_

City LINCOLN County LANCASTER <sup>#2</sup> Zip Code 68502

Premise Telephone number 402-476-1518

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name KENNETH C. MEIER  
MEIER'S CORK N BOTTLE

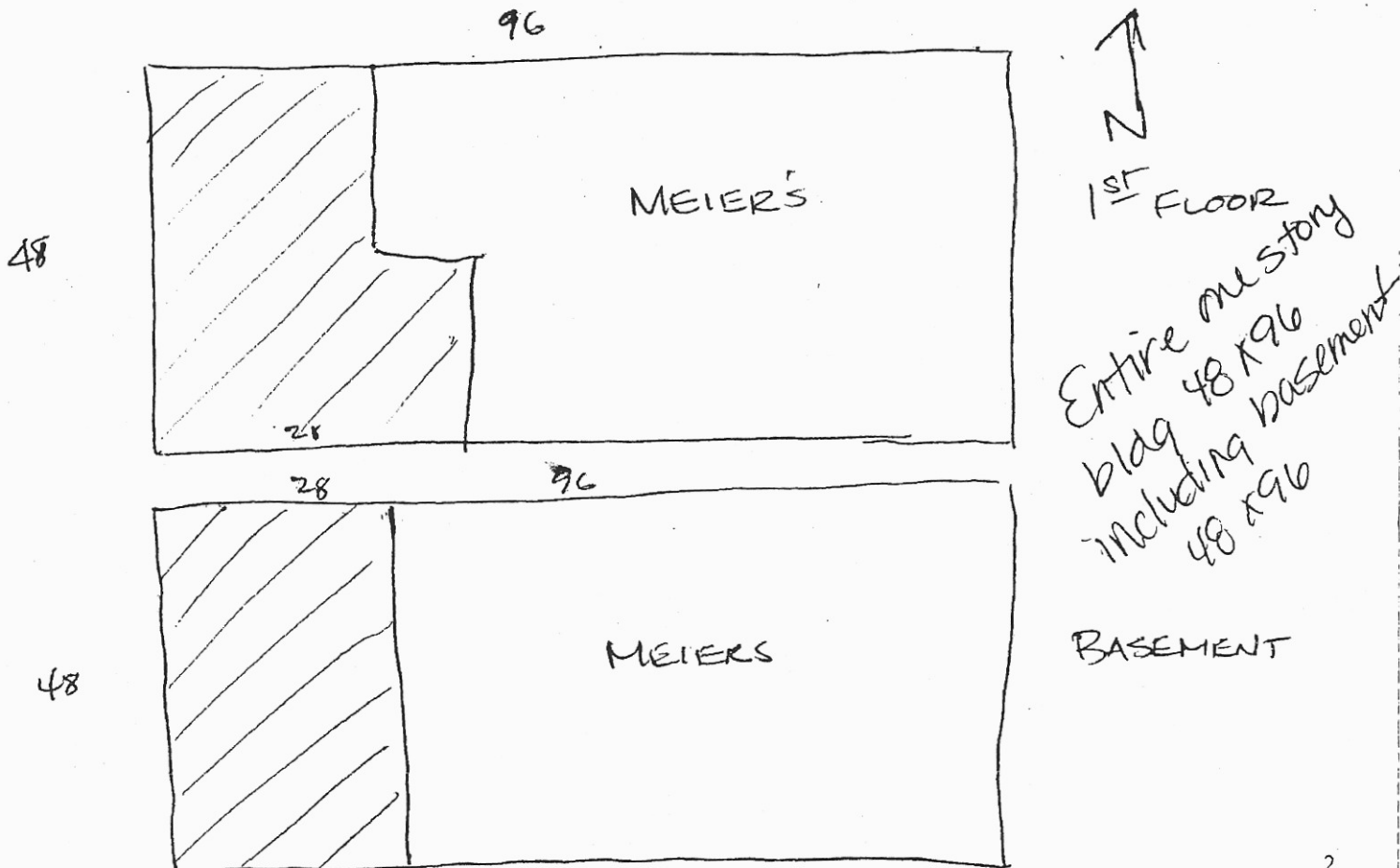
Street Address #1 1244 SOUTH ST

Street Address #2 \_\_\_\_\_

City LINCOLN County LANCASTER Zip Code 68502

**DESCRIPTION AND DIAGRAM OF THE PREMISES**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



# **APPLICANT INFORMATION**

## **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

1967 MINOR IN POS. NORTH PLATTE, NE. (SEVI)

2. Are you buying the business and/or assets of a licensee?

☒ YES ☒ NO

If yes, give name of business and license number 20955 DK

YES & NO IS BECAUSE  
PREVIOUS OWNER QUIT  
BUSINESS. SEE ATTACHED  
LETTER

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender UNION BANK - LINCOLN, NE

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

9. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

10. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

11. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

UNION BANK - LINCOLN, NE. Ken Meier David Merritt  
(Employee)

12. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

MEIERS CLOCKTOWER BOTTLE SHOP  
BLUE HERON WINE BAR & BISTRO  
MEIERS CORK N BOTTLE

13. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

KENNETH C. MEIER

14. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

TRAINED INSTRUCTOR,  
RESPONSIBLE HOSPITALITY INSTITUTE

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☐ Lease: expiration date \_\_\_\_\_  
☒ Deed  
☐ Purchase Agreement

15. When do you intend to open for business? ON GOING (NOW)

16. What will be the main nature of business? RETAIL WINE

17. What are the anticipated hours of operation? 9-10 M-T 9-11 FS 1-6 SUN

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

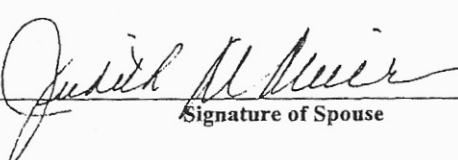
RESIDENTS FOR PAST 10 YEARS					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
18515 PIONEERS BLVD WALTON NE		1990	PRESENT	SAME	

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

  
Signature of Applicant

  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

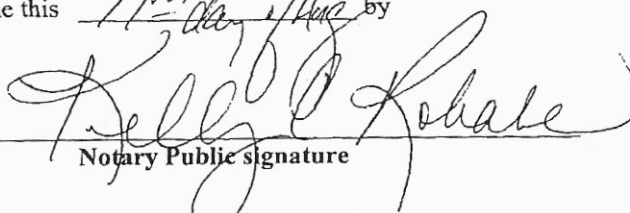
\_\_\_\_\_  
Signature of Spouse

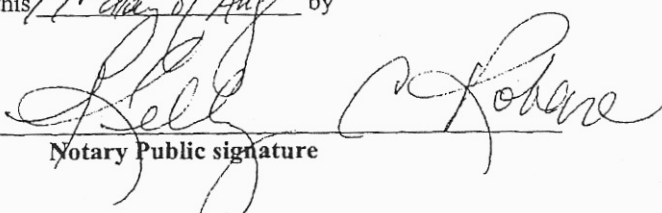
\_\_\_\_\_  
Signature of Applicant

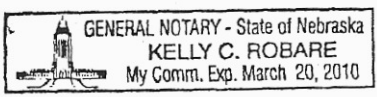
\_\_\_\_\_  
Signature of Spouse

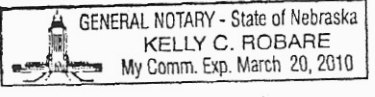
State of Nebraska  
County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of Aug by  
  
Notary Public signature

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of Aug by  
  
Notary Public signature

Affix Seal Here  


Affix Seal Here  


in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



APPLICATION FOR LIQUOR LICENSE  
INDIVIDUAL INSERT - FORM 1

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.nol.org/home/NLCC/

RECEIVED

AUG 28 2007

NEBRASKA LIQUOR  
CONTROL COMMISSION

Name of Applicant:

Last Name ~~KENNETH E~~ MEIER

First Name KENNETH MI C

Home Address 18515 PIONEERS BVD City WALTON

Home Telephone Number 402-781-9211 Zip Code: 68461

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Are you married? ☒ Yes ☐ No If yes, complete the following:

Spouses Names (Last, First, Middle)

MEIER JUDITH MARIE

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State NE

**\*\*Applicant**

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_